

APPLICATION FOR DOMESTIC PARTNERSHIP REGISTRATION
CITY OF MILWAUKEE EMPLOYEE

NAME _____ DATE OF BIRTH _____
FIRST, MI, LAST

NAME _____ DATE OF BIRTH _____
FIRST, MI, LAST

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

The Partners do hereby declare:

- ☐ We are in a domestic relationship of mutual support, caring and commitment, and intend to remain in this relationship
- ☐ We are at least 18 years of age or older and competent to enter into a contract
- ☐ We are not married and are not related by kinship to a degree that would bar marriage in this state
- ☐ We reside together in the City of Milwaukee
- ☐ We have not been in a registered domestic partnership with another individual during the 12 months immediately prior to the date of this application; unless the domestic partnership was terminated by death or marriage
- ☐ One of us is a City of Milwaukee employee in a group covered by Domestic Partner benefits.

We further declare and show proof that we meet at least three of the following six conditions of domestic partnership:

- ☐ We have common or joint ownership of a residence
- ☐ We have a current lease for a residence identifying both applicants as tenants
- ☐ We jointly own a motor vehicle
- ☐ We have a joint bank or credit union account

- ☐ We have a joint credit account
- ☐ We have identified each other as primary beneficiaries in our wills

The applicants state the following:

We understand that our registration as domestic partners is a matter of public record

We each agree to notify the City Clerk of any change in the status of the domestic partnership and to file a termination notice under s. 111-5 of the Code of Ordinances when appropriate

Affirmation: Each applicant swears or affirms, subject to the penalties for false statements of s. 946.32, Wis. Stats., that the information declared and stated in this application for domestic partnership is true and correct to the best of their knowledge.

If previously registered in a City of Milwaukee domestic partnership, please complete the following information:

Name of registered partner _____

Date of registration _____ Date of termination _____

State the Means of termination _____
(marriage, death or termination statement)

If more than one termination complete below:

Names of registered partners _____

Date of registration _____ Date of termination _____

State the Means of termination _____
(marriage, death or termination statement)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____, 20____

(Employee Signature)

(Domestic Partner Signature)

Notary Public, State of Wisconsin

My commission expires _____

DO NOT WRITE BELOW THIS LINE

Clerk _____ Filed _____ Reg.# _____

Certificate Mailed _____